Case 18-11503-amc Doc 60 Filed 02/04/19 Entered 02/04/19 14:38:08 Desc Main Document Page 1 of 2

| Fill | in this information to identify your c | ase: | | | | | | | | | | |
|--------------------|---|---|---|------------------|-------------------|--|---------------------|--|----|--|--|--|
| Del | otor 1 Arnold B. S | арр | | | _ | | | | | | | |
| | otor 2 uuse, if filing) | | | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF PENNSYLVANIA | | | | | | | | | |
| Cas | se number 18-11503 | | | | Check if this is: | | | | | | | |
| (If kr | nown) | | | | | ■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date: | | | | | | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | | | | | | |
| | chedule I: Your Inc | ome | | | | IVIIVI / DD/ I | | 12/1 | 15 | | | |
| sup spo atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filir ir spouse is not filing wi | ng jointly, and your s th you, do not includ | pouse e infor | is liv mati | ing with you, incluence in the incluence | ude informuse. If m | mation about your ore space is needed, | | | | |
| 1. | Fill in your employment nformation. | | Debtor 1 | | Debtor 2 | Debtor 2 or non-filing spouse | | | | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed | | | ☐ Emplo | ☐ Employed | | | | | |
| | | Employment status | ☐ Not employed | | ☐ Not e | ☐ Not employed | | | | | | |
| | | Occupation | Bus Driver/Uber | driver | , | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | chester-Upland S | Schoo | l Dis | strict_ | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Chester, PA 1901 | 13 | | | | | | | | |
| | | How long employed the | here? 4 years/2 | 2 mon | ths | | | | | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have nothing to rep | port for | any | line, write \$0 in the | space. In | clude your non-filing | | | | |
| , | u or your non-filing spouse have me space, attach a separate sheet to | • | ombine the information | for all e | empl | oyers for that perso | n on the li | ines below. If you need |] | | | |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | | | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,166.67 | \$ | N/A | | | | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | N/A | | | | |

2,166.67

\$

N/A

Calculate gross Income. Add line 2 + line 3.

| Debtor 1 | | Arnold B. Sapp | | | Case number (if known) | | | 18-11503 | | | |
|----------|---------------|--|----------------|----------|------------------------|-------------|----------|----------|----------------|-----------------|-----------------|
| | Con | y line 4 here | 4 | | Fo | or Debtor 1 | 3 67 | | Debtor : | | |
| | | | 7 | • | Ψ_ | 2,100 | <u> </u> | Ψ | | IN/A | - |
| 5. | List 5a. | all payroll deductions: Tax, Medicare, and Social Security deductions | 5 | a. | \$ | 346 | 5.67 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5 | b. | \$_ | (| 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | | c. | \$ | | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | | d. | \$_ | | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | | e. | \$_ | | 0.00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | - | f. | \$_ | | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | | g. | \$_ | | 0.00 | — | | N/A | _ |
| | 5h. | Other deductions. Specify: | _ ⁵ | h.+ | \$_ | | 0.00 | + 5 | | N/A | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6 | | \$_ | | 5.67 | \$ | | N/A | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7 | • | \$_ | 1,820 | 0.00 | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0 | | • | | | Φ. | | | |
| | ٥L | monthly net income. | | a. | \$_ | | 0.00 | \$ | | N/A | _ |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent | | b. | \$_ | (| 0.00 | \$ | | N/A | - |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8 | c. | \$_ | | 0.00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | | d. | \$_ | | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8 | e. | \$_ | (| 0.00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | f. | \$ | (| 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | _ 8 | g. | \$ | 1,370 | 0.00 | \$ | | N/A | - |
| | 8h. | Other monthly income. Specify: Uber | | h.+ | \$ | 1,500 | 0.00 | + \$ | | N/A | - |
| | | Ministry | | | \$ | 100 | 0.00 | \$ | | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9 | | \$_ | 2,970 | 0.00 | \$ | | N/A | A |
| 10 | Cal | sulate monthly income. Add Eng. 7 . Eng. 0 | 10 | Φ. | | 4 700 00 | | | NI/A | ¢. | 4 700 00 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | | 4,790.00 | + \$_ | | N/A | = \$ _ | 4,790.00 |
| | | | | <u> </u> | | | | | | | |
| 11. | Inclu othe | the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | dep | | | • | | | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | , | | 12. | \$ | 4,790.00 |
| | _ | | _ | | | | | | | Combine monthle | ned y income |
| 13. | Do : ■ | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | | |
| | | Yes. Explain: | | | | | | | | | |